PROJECT ID NUMBER

617.20 APPENDIX C

STATE ENVIRONMENTAL QUALITY REVIEW

SHORT ENVIRONMENTAL ASSESSMENT FORM

for UNLISTED ACTIONS Only

PART 1 - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT / SPONSOR	2. PROJECT NAME	
Sliver Stream, Inc.	Site Plan for Silver Stream, Inc.	
3.PROJECT LOCATION: Town of New Windsor Municipality	Orange County	
4. PRECISE LOCATION: Street Addess and Road Intersections,	Prominent landmarks etc - or provide map	
9 Bivona Lane approximately 500 ft south of the intersection of N.Y.S. Route 207 and Bivona Lane		
5. IS PROPOSED ACTION: New Expansion	Modification / alteration	
6. DESCRIBE PROJECT BRIEFLY:		
The proposed project is the conversion of an existing residential building to become a home office with a caretaker's apartment. The site shall be serviced by municipal water and sewer services. Access to the parcel shall be from Bivona Lane with all necessary parking provided on site.		
7. AMOUNT OF LAND AFFECTED: Initially 0.2 acres Ultimately 0.2 acres		
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER RESTRICTIONS? Yes No If no, describe briefly:		
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.) Residential Industrial Commercial Agriculture Park / Forest / Open Space Other (describe)		
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (Federal, State or Local)		
Yes No If yes, list agency name and permit / approval:		
Town of New Windsor Planning Board Site Plan Approval		
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? Yes No !f yes, list agency name and permit / approval:		
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT / APPROVAL REQUIRE MODIFICATION? ☐ Yes		
I CERTIFY THAT THE INFORMATION PROVIDE	D ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant / Sponsor Name Lanc and Tully Engineerin	g P.CSponsor Date: March 9, 2007	
Signature		

PART II - 1	IMPACT ASSESSMENT (To be completed by Lead	Agency)
	CTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 6	
B. WILL AC declaration	on may be superseded by another involved agency.	SNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative
C1. Exi	ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED W isting air quality, surface or groundwater quality or quantity, noise letential for erosion, drainage or flooding problems? Explain briefly:	
C2. Ae	sthetic, agricultural, archaeological, historic, or other natural or cult	tural resources; or community or neighborhood character? Explain briefly:
C3. Ve	egetation or fauna, fish, shellfish or wildlife species, significant habit	ats, or threatened or endangered species? Explain briefly:
C4. A C	community's existing plans or goals as officially adopted, or a change in	n use or intensity of use of land or other natural resources? Explain briefly:
C5. Gr	rowth, subsequent development, or related activities likely to be inde	uced by the proposed action? Explain briefly:
C6. Ło	ong term, short term, cumulative, or other effects not identified in C1	-C5? Explain briefly:
C7. O	ther impacts (including changes in use of either quantity or type of e	energy? Explain briefly:
	ONMENTAL AREA (CEA)? (If yes, explain briefly:	IARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL
E. IS THEF		O POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? If yes explain:
INSTRU effect s geograp sufficier	should be assessed in connection with its (a) setting (i.e. urbal phic scope; and (f) magnitude. If necessary, add attachment int detail to show that all relevant adverse impacts have been ic	Agency) le whether it is substantial, large, important or otherwise significant. Eacl in or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (exts or reference supporting materials. Ensure that explanations contained dentified and adequately addressed. If question d of part if was checked of the proposed action on the environmental characteristics of the CEA
	Check this box if you have identified one or more potentially large or si EAF and/or prepare a positive declaration.	ignificant adverse impacts which MAY occur. Then proceed directly to the FUL
V		d analysis above and any supporting documentation, that the proposed actions to AND provide, on attachments as necessary, the reasons supporting this
	Name of Lead Agency	Date
Pri	int or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
	Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)